

36.0.0 GOOD FAITH CLAIMS

**36.1.0 Definition of
Good Faith Claims**

A Good Faith claim is a claim that has been denied by Medicaid with an eligibility-related Explanation of Benefits (EOB) code. This occurs even though the provider verified eligibility for the dates of service billed and submitted a correct and complete claim. Providers can resubmit the claim to EDS to be processed as a Good Faith claim. If the eligibility file has been updated by the time the claim is resubmitted, it will be paid automatically. If the file still does not reflect eligibility for the period covered by the claim, EDS will try to resolve the eligibility discrepancy. If they are unable to resolve it from the information available, they will contact you to verify eligibility. The Good Faith form (DES 3070A) is used for this purpose. A Good Faith claim cannot be reimbursed until the EDS recipient file is updated.

36.2.0 Denials

If a provider receives a claim denial for one of the following reasons on the Remittance Advice, the provider can resubmit it as a Good Faith claim.

R/A Report Denial Code	Reason
029	Medicaid number doesn't match recipient's last name.
172	Recipient Medicaid ID number not eligible for dates of service.
281	Recipient Medicaid ID number is incorrect. Verify and correct the MA number and resubmit claim.
614	MA number doesn't match recipient's first name.

**36.3.0 Causes and
Resolutions**

A Good Faith claim can occur when:

1. A recipient presents an ID card that is invalid because:
 - a. You issued a temporary ID card for a prior period or manually determined case and didn't update CARES or send EDS a to update the recipient's eligibility file. EDS will apply the dates of eligibility indicated on the card with med stat 71. A letter will be sent to you to confirm that the recipient is eligible for the dates on the card. The letter will include instructions on how to complete a 3070A and the information that is needed.

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36.3.0 Causes and Resolutions (cont.)

- b. The provider suspects the recipient of misusing or abusing a Medicaid ID card (i.e. using an altered card or a card that belongs to someone else). If the provider submits a copy of the card and EDS can tell that it was altered, EDS will contact you to verify the recipient was eligible or forward it to the Division of Health Care Financing (DHCF) for review.
2. The recipient's name has changed since the card was issued. EDS can usually resolve claims that are denied with code "029" and "614". If necessary, EDS will contact you to confirm the information.

With the implementation of the Forward ID cards, providers are less likely to receive one of the eligibility-related denials used for Good Faith claims submission. Providers are told to verify eligibility using the variety of methods available to them through the Eligibility Verification System (EVS). When the provider verifies the client's eligibility, they are getting the most current information available on the MMIS. Therefore, it is unlikely that they will be told the client is eligible when s/he is not.

The most likely reason a Good Faith situation arises is when a provider sees a temporary paper ID card issued by the agency. The provider may bill MA before the eligibility is updated on MMIS, or perhaps the eligibility was never sent to MMIS. In either case, if the client presents a valid temporary Medicaid ID card for the dates of service, and the provider sends a copy of the card with the Good Faith claim, EDS will update the client's eligibility file with a good faith segment and pay the claim immediately.

EDS will then attempt to resolve the discrepancy from information on file or contact you to confirm eligibility and correct the eligibility segment. If the provider doesn't send a copy of the ID card with the claim, EDS must confirm eligibility with you before the claim can be paid.

The definition of a 'valid' card is either a:

1. Forward card that indicates eligibility for the dates of service through the EVS.
2. A temporary paper card showing dates of eligibility.

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36.4.0 Process

EDS initiates the Good Faith claim process by sending you a Good Faith form (DES 3070A) that they have partially completed, and one or two letters, depending on what documentation of eligibility the provider included with their claim. Complete the DES 3070A form if this is a new client (cert. 1) or return a new DES 3070 form for amended certifications (cert. 3). Send completed 3070A forms to:

EDS
Good Faith Unit
P.O. Box 6215
Madison, WI 53784

Send completed 3070 forms to:

- Mail: EDS
P.O. Box 7636
Madison, WI 53707
- E-mail: eds_3070@dhfs.state.wi.us
- Fax: (608) 221-8815

36.5.0 Instructions

Agency Denial

If the client identified on this Good Faith form was neither eligible nor possessed a valid ID card for the dates of service indicated in field six, place an "X" in this box. If you check "Yes" here, you must also check the reason in the field below.

Recipient Did Not Have ID Card After Date of Service

Place an "X" in this box if you are certain that the client did not possess a valid MA ID card for the date of service. In the blank provided, enter the closing date of eligibility.

Recipient Not Eligible

Place an "X" in this box if the client was not eligible for any of the dates of service shown. If the client was eligible for some of the dates of service, follow the instructions for completing the Partial Deny box.

Record Not Found

Place an "X" in this box if the client has never been eligible for MA in your agency.

Dates of Services

EDS enters the dates of service for the claim.

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36.5.0 Instructions (cont.)

Partial Deny

Use this field only if the client had eligibility for some of the dates of service. Enter the “from” and “to” dates which cover the portion of the dates of service for which the client did not have eligibility.

Type of Certification

EDS will check one of these boxes:

- **Initial Certification**
EDS will place an “X” in this box when the client and MA number submitted on the claim cannot be found on the eligibility master file.
- **Amended Certification**
EDS will place an “X” in this box when the client is on MMIS, but no eligibility exists for the claimed dates of service.

Agency Number

EDS will enter the three-digit code of the agency they believe may have certified the client during the dates in question.

Casehead ID Number

EDS will enter the known or suspected MMIS case number (primary person’s SSN + tie-breaker) of the client listed on the provider’s claim.

Action Date

EDS enters the date they completed the Good Faith form.

Medical Status Code

When EDS receives the provider’s claim along with a photocopy of an ID card, a hard copy response received through EVS or a transaction log number from the Automated Voice Response (AVR). EDS compares the dates of service with the dates on the card. If the dates of service fall within the dates of eligibility for the ID number on the card, EDS enters a “71” medical status code and pays the claim immediately. EDS then enters the eligibility dates for the entire month in which services were provided.

If the client was eligible for the entire period of certification shown on the Good Faith form (DES 3070A), remove the “71” medical status code and write in the correct code. Attach a 3070 to add the certification period and appropriate medical status code for the time when the client was eligible for MA.

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Instructions (cont.)

Period of Certification

If EDS has entered the suspected period of certification to be added to the recipient master file, check it for accuracy. Then complete a 3070 and enter the period of certification if the client file does not show eligibility for the time when the client was eligible or for the time covered by an ID card issued to the client.

Control Name Year of Birth

EDS will enter the suspected control name and year of birth (YOB) for the client. This control name must be the first four letters of the client's last name. The YOB is the last two digits in the client's year of birth. Both of these items must match the information currently in the client's EDS file.

Current ID Number

EDS will enter the client's current MA ID number.

Date of Birth

EDS completes this field only for initial certifications. Change this birth date if the date entered is incorrect. Indicate birthdate as MM/DD/CCYY.

Signature of Agency Director

Good Faith forms must have an authorized signature for initial certifications.

Worker ID

On initial certifications, enter the six-digit worker code of the certifying ES worker.